

# Quarterly Totals

## Demographic Reporting Form

Positive Alternatives

Date: Quarter 4 4/1/15-6/30/15 Grantee Name: Health Resources LifeCare Center

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	2	5	4	4	2	0

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
10	6	0	1	0

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
7	10	0

### 4. Client Race:

Race: White	Race: African-American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
14	0	0	1	0	2	0

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
3	14	0